

FILED MAR 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3800

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5055 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Poplar Creek township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Poplar Creek township</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>8 mile south east of Hwy 64</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mile South East of Hwy 64</u>			

3. NAME OF DECEASED (Type or Print) <u>ANNA</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>VONSLEVITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20, 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 20-1872</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>77 7 0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY _____	

13a. FATHER'S NAME <u>Frank Ahromity</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Vonslevitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Vonslevitz</u> ADDRESS <u>Poplar Creek Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____		4222	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Catarrhal Bronchitis</u>		15 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	

22. I hereby certify that I attended the deceased from 12-2, 1937, to 2-20, 1950, that I last saw the deceased alive on 2-13, 1950, and that death occurred at 8 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Baldwin</u> (Degree or title) <u>V. D. O.</u>		23b. ADDRESS <u>Poplar Creek Mo</u>		23c. DATE SIGNED <u>2-23-50</u>	
---	--	-------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 22-50</u>		24c. LOCATION (City, town, or county) (State) <u>Poplar Creek Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-1-50</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bros</u> ADDRESS <u>Poplar Creek Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED MAR 7 1950
District Health Office No. 6,
District File Number 350-298
Date Filed 3-9-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

Edwin Wilks

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin Wilks

Licensed Embalmer No. 4121

P. O. Address Perce City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.